CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state D. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00	394
1. PLACE OF DEATH	131	70
County CSCL	Registration Dist. No.	0
Village or City Weeklen	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street andds. How long In U.S. if of foreign birth?yrsm	
2. FULL NAME Thomas fi Bacon	6	
(a) Residence: No. Cascillaria (md	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and	1 State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male Colored OR DIVORCED (write the word)	January (Day)	., 193 (Yeer)
5a. If married, widowed, or provoced HUSBAND of Carry HIFE of Laura & Bacon	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Pull 15-1845	Jest saw h Allalive on Leu 7 19 30	e; deeth is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
86 4 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.		Exologia
9. Industry or business in which	Chronic Visitial	Course
work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	ne his get in	3
		11000
year) occupation	Other Contributory Canses of Importance:	Level
12. BIRTHPLACE (city or town) Seek G Mul		-
(State or country)	ald ags.	
13. NAME CEPTED JORGEN		
14. BIRTHPLACE (city or town) Chebury	Name of operation Dete of	
(State of country)	Whet test confirmed diagnosis? Wes there an	au!opsy?
15. MAIDEN NAME (UNRIGORIA)	23. If death was due to external causes (VIOL ENCE) fill In elso the following	g:
15. MAIDEN NAME (LILERICAL STATE OF COUNTRY)  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
2 (State or country)  17. INFORMANT Dessie B. Clark  (Address)	Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Seelling Conselling Jan 10, 1986	Manner of injury	
19. UNDERTAKER COLLEGE OF CONFACE OF COLLEGE	24. Was disease or injury in eny way related to occupation of deceased?	
20. FILED Au (O, 19 3 G Registrar.	(Signed) Callining Foody	р. м. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis EVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage , hbb4 1935	July 5,1927	Peritonitis	3 days ago
* E KEAU V. S.			
Other contributory causes-of-importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00395
1. PLACE OF DEATH	(778)
County Oth STHIN CORPORTE LIMI	Registration Dist. No. 92
Village or City Clifelon	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Theford A Bran	m (Bacony Mp. 17)
(a) Residence: No. Jallaire Massa (Usual place of abode)	St., Ward. Pell Africa Press  If nonrelident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR BACE  5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Doorsel Unknown	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 23 /900	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at I.Am.
35 / / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	founding Cat of Murks
	( sprypullo
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Mynouse gourng
10. Date deceased last worked at this occupation (month and 1/30/36 spent in this occupation / spent in this occupation	
12. BIRTHPLACE (city or town) Callaguer,	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME Edwin Brown.	
14. BIRTHPLACE (city or town) Fall River  (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsystem
15. MAIDEN NAME Delia Darmour	23. If death wes due to external causes (VIO) ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Fall Rever	Accident, suicide, or homicide? Date of injury 1/30, 19 30
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Don. Regard	Sperify whether in the Occurred in INDUSTRY, in HOME for in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 20	Manner of injury Hondin Cat of tusk
Place Lawtucket to Date Oil 5, 1936	Nature of injury Hunglah Bhong
19, UNDERTAKER Holy Pipe Some for (Address)	24. Was disease or injury in any way related to occupation of decoased?
20. FILEO Feb 4, 136 & Frans Bong &	(Signed) Starley D. Juffer
Registrat.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Bramples	117	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 6 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

is very important.

LION

# STATE OF MARYLAND-CERTIFICATE OF DEATH should state OCCUPA-

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U	()	3	3	₹.	J
			-		

1. PLACE OF DEATH	92-0
County Clark	Registration Dist. No.
Village or City North East RD.	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town whera death occurredyrsmo	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME CHARLES A. BEL	
(a) Residence: No. North East, R.O. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  When the word of the wor	21. DATE OF DEATH JAN 6 ,193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
HUSBAND of (or) WIFE of No unfocustion	22. I HEREBY CERTIFY, That I attended deceased from
1883	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; daath Is sald
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
57   ormin.	were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Thom more property
SAWYER, BOOKKEEPER, etc	centre physotlachust
work was done, as SILK MILL, SAW MILL, BANK, etc.	[ mulations
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  11. Total time (years) spant in this occupation occupation	
7007	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	Mura
13. NAME  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of county)	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME	23. If death was due to external causes (YIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Capers on Gody	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Placa Cherry fill Me Date for 8 , 19	Natura of injury
Frede a factor	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER OSEPH OF THE CASH MA	If so, specify A O O II
1-9-36 19 11.0000	(Signed Hunley N. Seffers)
20. FILED Registrar	(Address) // // Coroner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Manual V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00397
1. PLACE OF DEATH	05753
County Cecil	Registration Dist. No. 92
Village or City Elkton THIN CORPORATE LIMITS	or NoSt., Ward
(ii) Length of residence In cfty or town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME James millord	Blandid
(a) Residence: No. W Zuain	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH  Amusy  (Manth)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	January 4 1936 to Januar 26 1936
6. DATE OF BIRTH (month, day, and year) July 12 1935	Nast saw h Line allve on Jan . 26 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
/6 /4   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause's of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	(B)
Kind of work done, as SPINNER, — SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, — SAW MILL, BANK, etc	Jas 14
work was done, as SILK MILL, — SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupation (month and year)	
Eint.	Other Centributery Canses of importance:
12. BIRTHPLACE (city or town) (State for yountry)	XX d ( l · o · o · + l
13. NAME JUSELL C Blaushell	dating from Little CuloRe
13. NAME TOSEL C Blanchell  14. BIRTHPLACE (city or town) Change City  (Stella or country)	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Clunical Was there an aulopsy? 4.
15. MAIDEN NAME Zuily Scarborneght  16. BIRTHPLACE (city or town) Pleasant Hill  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Praylend	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CHARLES (Address) Election 2000	Specify whether Injury occurred In INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Bethel Centy Date fan 28,193	Nature of injury
19. UNDERTAKER 24. W. Tipiu	24. Was diseese or injury In any way related to occupation of deceased?
(Address) Ukton ju	If so, specify
20. FILED for V8 , 1936 formul Son & Registrar.	(Signed) I he X And H. X holder M. D. (Address) 180 Holder M. D.
Registrar.	(noutess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis I E C E IVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage F5B 6 1936	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00398
1. PLACE OF DEATH	(2)
County Ceril	Registration Dist. No.
Village or City Colleton	No. Mission Hospital St., Word death occurred in a hospital or institution, give if NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	7
2. FULL NAME anna Bond.	
(a) Residence: No. Post Deposit	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (rurite the word)	(Month) (Day) (Year)
5a. If married, widowed, or diverced HUSTAND of	
(or) WIFE of John Bond	1 HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) Jan. 23 1870	Mest saw h 27 elive on 4 128 1936; deeth Is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atA_m.
6/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Chyme Whishline
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Mifferett - Dalmeur
work was done, as SILK MILL, SAW MILL, BANK, etc	Media Miseria
- this occupation (month and	, and a second s
year) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	
13. NAME NO Information	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(Stete or country)	Whet test confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME Harriet Dunmore.	23. If death was due to external causes (VIOLENCE) fill in also the following:
18. MAIDEN NAME Harriet Dunmore.  16. BIRTHPLACE (city or town) 1/10 myformeafine	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Tie Railer Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dun shrwing Oate Mon, 31, 1930	Nature of Injury
19. UNDERTAKER J. Bailey	24. Was disease or injury in any way related to occupation of deceased?
(Address) Darlington, Omd,	If so, specify
20, FILED Can 39., 1936 & Bows Dog Registrar.	(Signed)
Registrar.	" (Acutess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	ji	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	- JAN 6 1939	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED MOTHER | FATHER B.—WRITE PLAIMLY, WITH ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00399
County C	(82-0)
Village or City 7 2 an Egyton	Registration Dist. No. 7
(If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Theodore 7, 13	rown.
(a) Residence: No. Muruy, P. D. (Usual place of abode)	St., Ward.  Veteran of Civil War  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH Jan 14th 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of COR) WIFE OF Sarah E. Brown	22. I HEREBY CERTIFY That I attended deceased from
5. OATE OF BIRTH (month, day, end year) 19-1845	I last sew h eine elive on Jen 14th, 1936; deeth is sald
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated ebove, et. 6m.
90 11 14 1day,hrs.	The PRINCIPAL CAUSE OF OEATH and related ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Cerebral hemorrhage 1-10-36
10. Oate deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country) Duna	acute unevary repairment 1-13-31
13. NAME Edward H. Brown	10.06
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME for seeme	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Walter Ellis Brother (Address) Prince Sel (8) 2	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place ( De Schwidt Mild Oate Jan 18.719.76	Nature of injury
9. UNDERTAKER P. J. Janus (Addjess)	24. Was disease or injury in any wey related to occupation of deceased? The lf so, specify
0. FILEDOM 17- , 1986 Johnson Frager Registrar.	(Signed) Hallasin Johnson M. D.  (Address) Neward (Sel
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage FER! 6	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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MOTHER FATHER N OCCUPATION

18.

19.

20.

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1040)
. PLACE OF DEATH	20-9
County County	Registration Dist. No.
Village or City South East	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
FULL NAME RONALD CRO	
5 X 5 +	
(a) Residence: No. ———————————————————————————————————	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Trice the word)	21. DATE OF DEATH JAN. 14. (Month) (Day) (Year)
If married, widowed, or divorcad HUSBAND of	The state of the s
(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
DATE OF BIRTH (month, day, and year) Roal 7 1928	, 19 , to , , 19 , , 19 , , 19 , , death is said
AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2.17 P.m.
7 9 7 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	pared by apply Date of onset
9 Industry or business in which	working popul.
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month end spent in this	
yaar) occupation occupation	Other Contributory Causes of importance:
BIRTHPLACE (city or town) (Stata or country)	
13. NAME Ronald V. Crouch	
14. BIRTHPLACE (city or town) Havre de Glace	Name of operation
(Stata or country)	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Mary W. Winn	23. If death was due to external couses (VIOL ENCE) fill in also the following;
16. BIRTHPLACE (city or town) orth East	Accident, suicide, or homicide? Date of injury 1936
(State or country)	Whera did injury occur? (Specify city or town, county and State)
INFORMANT (Address)	Specify whether in TUTY Doccurrent in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury dell from tuck of
Plece Jorth East Md Date Jun 16 , 1935	Nature of Injury horture of obull
UNDERTAKER JOSEPH T. Signif	24. Was disease or injury In any way related to occupation of deceased?
(Address) / morth Each M-d	If so, specify
FILED/- 16-36, 19 Teo W. Osuces.  Registrar.	(Signed) Colorer (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

8	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECERD. Every item of information should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state	J. V.	1	. PLAC
1	of	5/		County
	tem	# \		Village
	ry i	# \		Length
	eve [A]	me	2	. FULL
	KD. I	Exact statement		(a) Re
	DE H	ct	# HOLEVIN	PERS
	RE	5X a	3. 2	SEX
	E H	-	-	mil
J. C.	EN	ed.	58.	If married, HUSBAND
ARGIN RESERVED FOR BINDING	NG INK-THIS IS A PERMANENT REAGE should be stated EXACTLY.	classified.		(or) WHE
BIN	ERN	cla te.	6. 1	DATE OF BI
63	d V	roperly rtificate.	7.	AGE
<sup>5</sup>	S	rop		1
E	S o	ain terms, so that it may be pr See instructions on back of cer	Z	Trade,
E	H	70.0	E	kin SA Indust
RV	Tig	ma	UP/	WO
田	NK	H	20	10. Date d
E E	H M	nat is o		10. Date d thi
H	A		12	BIRTHPLA
Ä	AD d	s, s	12.	(State
RG	VF.	rms	ER	(State of
5	5	te i	FATHER	14 BIRTH
	TH.	Se		(St
	WI	n p	MOTHER	14. BIRTHI (SI 15. MAIDE
	r, are	H i	011	16. BIRTH
	e c	AT	Σ	(St
	-WRITE PLAINLY, WITH UNFADI	CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of	17.	INFORMAN
	PI	OF	18	(Addre
	TE	E is	10.	Place .
	'RI'	NO	-	. 1000
1.1	ma	CA	19.	UNDERTAK (Addre
N.	B		-	(Audre
V. S. No. 1	z	17	20.	FILED
			All .	1/

STATE OF	MARYLAND—	CERTIFICATE	OF DEA	TH 0	0401
1. PLACE OF DEATH	AN CORPORATE LIN	(73-c)	Dogistantia	Diet No.	72
Village or City Elkton	Cet Maryla	L No. 2000 death occurred in a hospital or institut	Registration	≥p. st.,	War
Length of residence in city or town where deat			f foreign birth?	угзг	
2. FULL NAME Home	& K. Crouch	nat a	2 ele	ian	
(a) Residence: No. Zek Ne	(Usual place of abode)	St., Ward.	If nonresident	give city or town an	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
Male 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month)	12 (Day)	, 193 <b>6</b>
a. If married, widowed, or diverced HUSBAND of (or)	( ( )	22. I HEREBY		Y. That I attended	
Legara	Cox Crouch	dung 4	1935, to	ran 1	Z, 19.3
DATE OF BIRTH (month, day, and year)	pt 8 1874	I last saw h	lan V	193	death is sa
. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT			
Trade, profession, or particular	ormin.	were as follows:			Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer	myoca	rdete	2	Burg
9: Industry or business in which work was done, as SILK MILL,		4			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this	-			
year)	occupation	Other Contributory Causes of Impo	ortence:		
2. BIRTHPLACE (city or town) Cl	naryla d				
13. NAME Homas (14. BIRTHPLACE (city or town) Elk	. Croudle				
14. BIRTHPLACE (city or town) - Elk	Neck	Name of operation		Date of	
(State of Country)	md.	What test confirmed diagnosis?		Was there an	autopsy?
15. MAIDEN NAME Larah	Janes James	23. If death was due to external cau	uses (VIOL ENCE) fi	Il in also the following	ng:
15. MAIDEN NAME Parak  16. BIRTHPLACE (city or town)Eld.	Neck ()	Accident, suicide, or homicide?		Date of injury	, 19
17. INFORMANT Med Lydia (Address)	Crowleh	Where did injury occur? Specify whether Injury occurred in	(Specify city or n INDUSTRY, In HO	town, county and St ME, or in PUBLIC P	ate) LACE.
8. BURIAL, CREMATION, OR REMOVAL	Date Jan. 15, 1936	Manner of injury			
19. UNDERTAKER Joseph R. (Address)	grant and		vay related to occur	with of deceased?.	ري
20, FILED Jan 15 1936 80	muss frage	(Signed)	5	1.	,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis C. F. F. T. C.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	FEB. VIE	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

• —		-	
E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every i	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	E OF DEATH in plain terms, so that it may be properly classified. Exact statement	
r REC	Y. PI	Exact	
RMANEN	XACTL	classified.	4)
IS A PE	stated E	properly	is very important. See instructions on back of certificate.
HIS	be	pe	of
INK-T	plnoys	t it may	on back
DING	d. AGE	s, so that	ructions
TUNE	supplie	in terms	See insti
, WITH	refully	I in pla	tant.
F	be ca	EATE	impor
PLA	plnoi	OF DI	very

STATE OF MARYLAN	D—CERTIFICATE OF DEATH 00402
1. PLACE OF DEATH	(5):0)
County Cecil	Registration Dist. No. 7
Village or City Elkton 12 D 4	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or jown where death occurred 15 vrs	
2. FULL NAME Kalph & Dec	vey
(a) Residence: No.	St., Ward.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	NED, 21. DATE OF DEATH
neale white marriethe manie	(Mohth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith E Devry	22. HEREBY CERTIFY, That I attended deceased from
(901-11) 121	8 July ,1925, to amany 15, 1936
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS	
67 3 / lday,	The PRINCIPAL CAUSE OF DEATH and related cause of importance
8. Trade protession or particular	Date of onest
SAWYER, BOOKKEEPER, etc.	Barcinoma of Prostate
9 Industry or business in which work was done, as SILK MILL, Commisse.	in
10. Date deceased last worked at this occupation (month and spant in this	β
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  New York	
13. NAME Scott Dewry	
14. BIRTHPLACE (city or town) Backly	Name of operation
(State of country)	What test confirmed diagnosis? Cluwcal Was there an autopsy? In a
15. MAIDEN NAME No suforchation 16. BIRTHPLACE (city or town) no information	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 100 majormala (State or country) 100 majormata	Accident, suicide, or homicide? Date of injury, 19
74. 51-41 Day	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Elkton 2nd 12 0	Specify whether injury occurred in industri, in flower, or in robelly reduce.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MT Cast 1 Date fact 12	19.3.5 Nature of injury
19. UNDERTAKER (Address) Elpton Ful	24. Was disease or injury in any way related to occupation of deceased?
Cherry of A france from	(Signed) Miland N. Bucker M. D
	Mar. (Address) J. Elktory, hel.
If more blanks are needed, address State 1	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritts 65 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage SALINFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00403
1. PLACE OF DEATH	
County Class	Registration Dist. No. 92
Village or City Elkton	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME harles towler	
(a) Residence: No. Sage (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND of	(100.7)
(or) WIFE of Florence Towler	1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Deft 11 1868	last saw h alive on da 3, 1936; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
67 4 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	Lolor Premove
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (months and	
10. Date deceased last worked at this occupation (month and 197) 11. Total time (years) 35 spent in this year) 25	
12. BIRTHPLACE (city or town) Chestertown	Other Coutributory Causes of importance:
(State or compley) Manyland	- mysendus
13. NAME tames Fowler	
13. NAME tarres thewler  14. BIRTH(VACE (city or town) Lestertory	Name of a service
(State or country)	Name of operation Date of
15. MAIDEN NAME Strah Joyan	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Court file	Accident, suicide, or homicide? Date of injury 19
E (State or country)	Where did injury occur?, 19
17. INFORMANT hus Florence Fowler (Address) Elktore mis	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Chester Ceruly Date Jan 26,1976	Nature of injury
19. UNDERTAKER 24 W. Pisting	24. Was diseese or injury in any way related to occupation of deceased?
(Address) Elicton 2nd	If so, specify
120, FILED Jun 25 1976 & Bours France	(Signed) Secretaria M. D.
Registrar.	(Ardress) Teklion md
If more blanks are needed, address State Redistrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Data of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Data of onset  1 week ago	
Chronic interstitial nephritism	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-		-	-	
100		411	T	1

V. S. No. 1

Registration Dist. No.		CERTIFICATE OF DEATH 00404
Village or City Linear Language of the Country States of States of Country States of the Country States of States of Country States of the Country States of States of Country States of Country States of Country States of Country States of States of States of States	1. PLACE OF DEATH	46-2
Length of residence in city or town where death occurred yes	County	Registration Dist. No.
2. FULL NAME  (a) Residence: No.  (Usual place of Abode)  PERSONAL AND STATISTICAL PARTICULARS  2. SEX  4. COLOR OR RACE  S. SINCE, MARRIED, WIDOWED, OR DYORCED ("SINCE WARRIED, WIDOWED, OR DY OR	Village of oily	
(a) Residence: No.  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  2. SEX  4. COLOR OR RACE OR DIVORCED Courie the word of Coro Wife of Ministry  5.9. If married, widowed, or divorced (or) Wife of Ministry  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  8. Trace, profession, or particular wind of work of or wind of work of one, as SPINNER AT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
Class present   Class place of abode)   If nonrecident give city or town and State	2. FULL NAME Jarah Elizabeth 74	mes >
Class present   Class place of abode)   If nonrecident give city or town and State	(a) Pacidanca: Na	Ct Word
2. SIX DE 4. COLOR OR RACE S. SINCER, MARKED, WIDOWED OR DVONCED Curit the words OR DVONCED Curit the		
So. IT married, widowed, or divorced  (Worth Ord Ord) Wife of Husshald of Ord) Wife of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of Cor) WIFE of Thomas Houses  5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day,	OR DIVORCED (write the word)	January 22 1936
7. AGE Years Months Days If LESS than 1 day	HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
7. AGE Years Months Days If LESS than 1 day	S DATE OF DIDY! (month day and was) Non - 9 1873	Hart saw h ex alive on land ( Z / 19365 death is said
8. Trade, profession, or particular wind of work dome, as SPINNER. Let Work Was done, as SPINNER. Let Work Was done as SPINNER. Let Wor		1 230
8. Trade, profession, or particular kind of work done, as SPINNER. A swarper of the profession of particular kind of work done, as SPINNER. A swarper of the profession of the	62 2 13 1 day,hrs.	
SAWYER, BONKEEPER, etc.  9. Andustry or business in which work was done, as SPINNER.  SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  State or country)  13. NAME  14. BIRTHPLACE (city or town)  State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  State or country)  17. INFORMANT  State or country  18. BURIAL, CREMATION, OR REMOYAL  Place  Place  Place  19. Where did injury cocurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER  19. Was disease or injury in any way related to occupation of deceased?  If so, specify  19. UNDERTAKER  19. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER  19. Segistrar.  (Address)  Change and the segistrar.	Ormin.	were as follows:
12. BIRTHPLACE (city or town) Rock Hall  (State or country)  13. NAME  14. BIRTHPLACE (city or town) Rock Hall  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Rock Hall  (State or country)  17. INFORMANT  (Address)	8. Irade, profession, or particular kind of work done, as SPINNER, CLT However BOOKKEEPER, etc.	Caremona of Caecus 1935
12. BIRTHPLACE (city or town) Rock Hall  (State or country)  13. NAME  14. BIRTHPLACE (city or town) Rock Hall  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Rock Hall  (State or country)  17. INFORMANT  (Address)	9. Industry or business in which work was done, as SILK MILL.	
12. BIRTHPLACE (city or town) Rock Hall (State or country)  13. NAME  14. BIRTHPLACE (city or town) Rock Hall (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Rock Hall (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  19.		
13. NAME To her Middle to 14. BIRTHPLACE (city or town). Rock 74all  (State or country)  15. MAIDEN NAME Sanak Kundell  16. BIRTHPLACE (city or town). Rock 74all  (State or country)  17. INFORMANT Sanak Sanak Caty  (Address) Charafarake Caty  18. BURIAL, CREMATION, OR REMOYAL  Place Wesley Chaplel  Date fan 2-4, 19-3 (address)  20. FILED 23., 19-56 B. Hariand Brawn  Registrar.  Name of operation.  Nation of operation.  Natio	12. BIRTHPLACE (city or town) Rock Hall	Other Coatributory Casses of importance:
What test confirmed diagnosis? Was there an autopsy? (La La L		Curami Referrates
What test confirmed diagnosis? Was there an autopsy? (La La L	14 BIRTHPLACE (city or town) Rock 9+all	Name of operation Rose Date of
15. MAIDEN NAME Sanale Kundell  16. BIRTHPLACE (city or town) Rock Thale (State or country) Wary land  17. INFORMANT We was Deastone (Address) Chesapsenke City  18. BURIAL, CREMATION, OR REMOVAL Place Chapel Date fan 24, 1936  19. UNDERTAKER The Ward Price (Address) Section of Mainer of injury  19. UNDERTAKER The Ward Price (Address) Section of Mainer of injury  20. FILED 23, 1946 B. Haward Braum (Address) Chesapsenke B. Haward Braum (Signed) (Signed) (Address) M. D. (Address) Chesapsenke B. Haward Braum (Address) Chesapsenke B. Haward B.	(State or country) many land	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Chesufacture City Turb  18. BURIAL, CREMATION, OR REMOYAL  Place Wesley Chapel Date fan 24, 1936  Manner of injury  Nature of injury  19. UNDERTAKER 74. Which will be a specify of town, county and State)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	15. MAIDEN NAME Sarah Kundell.	
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Place Wesley Chapel Date fan 24,1936  Nature of injury  19. UNDERTAKER 74. Which was related to occupation of deceased?  (Address) Fester 24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) (Signed) M. D.  Registrar.  (Address) Chesoflabelle Medicine Company of the control o	17. INFORMANT his ward Beaston	(Specify city or town, county and State)
19. UNDERTAKER 74	116.0 01 100	
20. FILED /23 , 19-16 /3. Haviard Brawn (Signed) (Address) Cheroflabelly led	near Rock Hall med	
20. FILED /23 , 19-16 B. Howard Brown (Signed) (Address) Cherofelbellet M.D. (Address)		If so, specify
	Registrar.	(Address) Cherofelelety M.D.

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Example I	1	Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis GECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Juy5,1927	Peritonitis	3 days ago
BUOPALI V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
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Arteriosclerosis FEB 4 1999	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00406
1. PLACE OF DEATH	(ULP)
County Ceel,	Registration Dist. No. 92
Village or City Cherry Hell	NoSt.,Ward
/ //	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME Margaret anna lan	ner
(a) Residence: No.	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Married	21. DATE OF DEATH  Samuery.  (Math)  (Day)  (Year)
5a. If married, widowed, or divorced HUSDAND of (or) WIFE of  Chrysol Janney	22. CHEREBY CERTIFY, That I attended deceased from 19 55, to January 5, 1936
6. DATE OF BIRTH (month, day, and yeer) Met 14 1963	I last saw her alive on gamany 5 , 19 0 6; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date trated above, et
72 2 2/ 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or parlicular kind of work done, as SPINNER,	P
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	Carcinoma 1/2) Much
work was done, es SILK MILL, SAW MILL, BANK, etc.	ones me in ale, 12/31
10 Date deceased last worked at this occupation (month and spant in this occupation corupation	
Man. 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) XIII Wyllow	
1	
± 10 10	Name of operation
14. BIRTHPLACE (Effy or town)   Control   Co	What test confirmed diagnosis? Colon Land West there an autopsy?
15. MAIDEN NAME Sarah & Biddle	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Sarah & Biddle  16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of injury19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Sur I feles Jones (Address) Elklim Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chesty Hell Consugre Jan 8, 1936	Nature of injury
19. UNDERTAKER. Florence & Africalty. (Address)	24. Was disease or injury In any way related to occupation of deceesed?  If so, specify
20. FILED Jan 8, 1936 Janes Troy.	(Address) & lettry, md,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FAP 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY,

CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	948
County Cer	Registration Dist. No. 92
Village or City Elkton	NoSt.,Wa
Locath of social control to the state of the	(If death occurred in a horpital or institution, give its NAME instead of street and number)
(I) A (( )	nosyrsmosmosmos
2. FULL NAME Clase De Voy form	sou
(a) Residence: No. 2 2 aufuf	St., Ward.
(Usual Mace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	January 27 103 6
while single	(Menth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	HEREBY CERTIFY. That I attended deceased f
(or) WIFE of	Alexender 9 1935 to James 27 1939
6. DATE OF BIRTH (month, day, and year) Oct 2 1867	I last saw h in alive on January 13 , 1956, death is
7. AGE Years Months Days If LESS than	- // // // ~
68 3 25- 1day,h	
	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, New Dealer SAWYER, BOOKKEEPER, etc.	A sterows eleron with
Industry or business in which	has be for a co
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and last worked at spent in this	
year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Electron	Cornan Thronbor -
(State or country) Transland	
13. NAMEDaniel William Johnson	
14. BIRTHPLACE (city or town) County of Nace	Name of operation
(State or country) Dublish	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAMOlevia Walsh	23. if death was due to external causes (VIOLENCE) fill in also the following:
6.10	Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
mi Slin end Old	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Mass Elizabethy Johnson	Specify whether injury occurred in INDUSTRI, in HOME, of in FUDEIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Elycton Cemetery Date Jan 29, 193	
74400.	Hotare of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) action ma	If so, specify
20. FILED JULY 28, 196 & Journ June	(Signed) Miller & Meller
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I .	li li	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritie	1921	Run over by street car	1 week ago
Cerebral hemorrhage FAID 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH	0408
1. PLACE OF DEATH	1,	
County Cecil	Registration Dist. No. 97	
Village or City Elkton DORTOR TE MINITS OF	No. Miron Hospital St., death occurred in a hospital or institution, give its NAME instead of street and r	Ward
	ds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME Ruth Doris John		
7- 111		
(a) Residence: No. 122 Magfet (Sual place of Abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female white OR DIVORCED (wise the word)	(Month) (Day)	, 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended	19 34
6 DATE OF RIPTH (month day and year) May 7 /934		,,
or party or pigging and poor,	1 last saw h_ lalive on	.; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at	
ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	1	- safari
kind of work done, as SPINNER, — SAWYER, BOOKKEEPER, etc.	food neumona.	7:1/38
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Ondustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end year) year)  Occupation  Occupation		
12, BIRTHPLACE (city or town) Electors	Other Contributory Causes of importance:	1/17/36
(State or country) many land	Zwygrua !!	
13. NAME Elsworth Holmson	Stafigocano Hundy	wes)
13. NAME Vlauvich Hydrian  14. BIRTHPLACE (city or town) Chlorest	Name of operation Date of	
(State or country) Transland	What test confirmed diagnosis? Was there an a	wło-o-2
15. MAIDEN NAME Elsie Glant	23. If death was due to external causes (VIDLENCE) fill in also the following	
15. MAIDEN NAME Else Glaut  16. BIRTHPLACE (city or town) Elkton (State or country)	Accident, suicide, or homicide? Date of Injury	
E (State or country) 22 any land	Where did injury occur?	
17. INFORMANT Elsworth A Johnson (Address) Elseton Find	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, DR REMOVAL		
Place North East Centry Date Jan 26, 19 36	Menner of injury	
19. UNDERTAKER 7th WP 4 100 (Address) Election 3nd	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Jun 74, 1936 James Smy & Register.	(Signed) Susse All Classes (Andress)	M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	. 7

V. S. No. 1

B

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 6 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Gallstones V. S.	May 1,1923	Gastroenteritis	1 year
Specifies and Annual Properties and Landon-pulsary products and the Specific Specifi			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.
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FOR BINDING

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 100403
1. PLACE OF DEATH	(60)
County Clys	Registration Dist. No.
Village or City St. (unquitane	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Daly Koaglin	
(a) Residence: No.	> St., Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Regio 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (Jurice the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If marriad, widowed, or divorce HUSBAND of (or) WIFE of	A. JHEREBY CERTIEN, That I attanded deceased from
0.11.10.1	Annay 24 1936, to Jamey 25, 1936
DATE OF BIRTH (month, day, and year)	I last saw here aliva on January 25, 1936; death is sald
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 14.3-22m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Tade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Lolas Anemonia
kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last workad at his occupation (month and	
10. Data deceased last workad at this occupation (month and year) 11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) St. Curquestine,	Other Coatributery Causes of Importance:
(Stata or country)	
13. NAME Charles Sparles -	
13. NAME (Laules ) Sparlas -  14. BIRTHPLACE (city or town) Very Virginia  (State or country)	Name of operation Date of What test confirmed diagnosis? More Was there an au'opsy?
15. MAIDEN NAME / braset Kasalin	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / Lange Haugher  16. BIRTHPLACE (city or town) Stage (State or country)	Accident, suicida, or homicide?
7. INFORMANT father md.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OP-REMOVAL	Manner of injury
Placa Elkton Data 1/29 , 1936	Nature of injury
9. UNDERTAKER Pipping & Wiffin (Addysss)	24. Was disaase or injury In any way related to occupation of deceasad?
10. FILED PAN 29- 1926 & Bail Foc year	(Signed) M. D

BOARD

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

of OCCUPA-

Every item of infor-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE C	OF DEATH			2.3	1	
County	Cecil .	*****		Registration Dist. No9	6	
Village or Length of re	City Veterans A	eath occurred	ation Facil (If	itys. Perry Point, M. St., death occurred in a hospital or institution, give its NAME instead of street and 7. ds. How long In U.S. if of foreign birth?	Ward humber) ds.	
2 FILL N	AME LINGERFEL	T. Harper	r B. C-17	109 World War Veteran		
			r City, N.			
(a) Reside	ence: No.	(Usual place		If nonresident give city or town as	nd State	
PERSO	NAL AND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX male	4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (regrite the word)	21. DATE OF DEATH  Jamary  (Month)  (Day)	, 193 <b>6</b> (Year)	
5a. If married, wide HUSBAND of					I I constitution	
(or) WIFE of	Mrs. Myrtle	Neill Li	ngerfelt	22.   HEREBY CERTIFY, That I attended deceased from August 28 , 1929 , to January 4 , 19 36 liast saw h im alive on January 4 , 19 36 death is said		
	Jul	v 12. 18	94			
6. DATE OF BIRTH	H (month, day, and year) Jul	Days	If LESS than	to have occurred on the date stated above, at 12:45P.m.	, death is said	
1	41 5	23	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Z Trade, prot	fession, or particular f work done, as SPINNER, ER. BOOKKEEPER, etc.	own o		Mastoiditis, left, acute, suppurs	1-2-36	
SAWYE	,	SIMOI		(streptococcus) operated	1-2-00	
Work w	r business in which was done, as SILK MILL, MILL, BANK, etc					
10. Date dece	ased last worked at cupation (month and	Sp6	tima (years) ent in this upation			
12. BIRTHPLACE (	12. BIRTHPLACE (city or town) Gaston County, N. C.			Other Contributory Causes of importance: Tuberculosis, pulmonary, chronic		
	(State or country)    13. NAME   John F. Lingerfelt		34	moderately advanced, active	11-14-33	
13. NAME			16	** 0.200		
H 14. BIRTHPLA	CE (city or town)N	o Go		Name of operation Date of		
(State	or country)	The Post of 1		What test confirmed diagnosis X ray and 1 ab Was there an autopsy? No		
当. MAIDEN N		Hufstell		23. If death was due to external causes (VIOL ENCE) fill in also the follow		
15. MAIDEN NAME Barbara Hufsteller 16. BIRTHPLACE (city or town) (State or country)				Accident, suicide, or homicide? Date of injury, 19		
17. INFORMANT (Address)	Hospital Reco			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC  No injury	PLACE.	
	ATHON, OR REMOVAL	Hite Mile		Manner of Injury		
	essemer City, N.	C.Date Jan.	6 19 36	Nature of injury		
19. UNDERTAKER (Address)	R. Madison M	fitchell e, Md.	hell	24. Was disease or injury In any way related to occupation of deceased?		
20. FILED Jan	v. 6 , 1936 X lee	riles W.	Mocreson  D. Registrar.	(Signed) C. F. DAVIS, Clinical Direction (Address)	ctor.	

If more blanks are needed, address State Registrar, 2011 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago	
		· ·		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		505466 2019 6905		
			1	

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1. PLACE OF DEATH		(82-8)	a	/
County C	· · · · · · · · · · · · · · · · · · ·		Registration Dist. No.	0
Village or City terrifical		ND.		War
Length of residence In city or town where o	death occurred . # yrs. # mos	f death occurred in a hospital or instituti sds. How long in U.S. if of	on, give its INAIVIE, instead of street as foreign birth?yrs	nd number) mosd
2. FULL NAME Wheel	J. Machlin	If U. S. Veteran, s	A section of the Administration	
(a) Residence: No. Musik	ord. Wela	St., Ward,	^	**
	(Usual place of abode)		If nonresident give city or town	
PERSONAL AND STATISTI			RTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	m. 30	1936
na min	Wishours	7'	(Month) (Oay)	(Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Much Cine	22. I HEREBY	CERTIFY. That I ettend	led deceased fro
Cara for	racerus	Jan 29	1936, to Jan,	30,195
6. DATE OF BIRTH (month, day, end yeer)	W. 23, 1850	Wast saw home alive on	Jan 198 198	death is s
7. AGE Years Months	Oays If LESS than 1 dey,hrs.	to have occurred on the date stated		
0010	ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	I end releted causes of Importance	Dats of one
Trade, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.	erchant		••••••	
1 9 Industry or business in which	1	Kuelnat	Embolisia	1-29-
SAW MILL, BANK, etc.	Musim			//-
10. Date deceased last worked at this occupation (month and	37 11. Total time (years) spent In this			
year) All fine	occupation	Other Contributory Causes of Impor	tence:	
12. BIRTHPLACE (city or town)  (State or country)	my j	- Ca	Othermata	
	hills.	Nemeral	atheromats	
	acreeur .			
14. BIRTHPLACE (city or town) (State or country)	Mola	Name of operation		12
	1 x smithel		Wes there a	
	howen		es (VIOLENCE) fill In also the follow	
16. BIRTHPLACE (city or town) (State or country)	Mela.	Where did injury occur?	vate of injury	
17. INFORMANT Symule	Tuckery		(Specify city or town, county and SINDUSTRY, in HOME, or in PUBLIC	Stale) PLACE
(Address) Juny	ew, mo.			TENOL.
18. BURIAL CREMATION, OR REMOVAL	2/1/3/	Manner of Injury	***************************************	**********
Micoury of well	Date 196	Nature of injury		
19. UNDERTAKEN COM.	Ellerance,	24. Was disease or injury in any wa	y related to occupation of deceased?	200
(Address) ( surfing	Keynia.	If so, specify	777	
20. FILEO 1/31/,19/36 10	Handers	(Signed)	magran	М.
	Registrar.	(Address)	myruce 14	der

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BURDAU V. S.	Į.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH		100	717
County Cell	, ro <b>0.0</b>	Registration Dist. No. 7.4	)
Village or City Learfwell	<i>ل</i>	No. /st.,	Ward
Length of residence in city or town where deat	X / 10	death occurred in a horpital or institution, give its NAME instead of street and	
2. FULL NAME Kathe	in Offit	ely Magrow	
(a) Residence: No.	errelle	M Col Ward	
(a) residence. No.	(Usual place of abode)	If nonresident give city or town ar	nd Stale
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Lewale White -	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH annay 13	, 193 6 (Year)
5a. If married, widowed or divorced HUSBAND of	4.1		1111-1
(or) WIFE of James Ma	itin Magraw	1 HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year)	ca 6 1846	I last saw her alive on Jaff, 13 193	6 ; death Is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3. 40A m.	
89 5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	4.24		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.		Notos, Programaia	1-1-
SAW MILL, BANK, etc		- Carolina de la companya della companya della companya de la companya della comp	
10. Date deceased last worked at this occupation (month and	11. Total time (years) spant in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	mee.		
	time		
1 19	esselle.		
4 14. BIRTHPLACE (city or town) (State or country)	1 ma	Name of operation Date of What test confirmed diagnosis? Was there an	100
15. MAIDEN NAME Mary alli	cia Mitetiell	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Mary Glis  16. BIRTHPLACE (city or town) J. J. a.e.  (State or country)	r Hell	Accident, suicide, or homicide? Date of Injury	•
(State or country)	md	Where did Injury occur?	
17. INFORMANT Tilla	gracinid	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL	Day aw. 16 ,10-36	Manner of injury	
19. UNDERTAKER LES J. Cattles	earn,	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) / Gerry wills	pane.	If so, specify	
20. FILED / 14 1636 767	Sanders	(Signed) T. Magraw.	M. I
	Registrar.	(Adagess) Unigerate Vi	Ca.

STATE OF MARYLAND—CERTIFICATE OF DEATH 00412

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis FRR 4 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00413
1. PLACE OF DEATH	97)
County Ceal	Registration Dist. No.
Village or City North East (Elk Neck	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S.If of foralgn birth?yrsmosds.
2. FULL NAME Emma 9 Mchoo (a) Residence: No. North East My	L St. Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oav)  (Year)
5a. If married, widowed, or divorced HUSBAND OF John S. Mc Dowell	22. I HEREBY CERTIFY, That I attended deceased from 12, 1936, to 2011, 1936
6. DATE OF BIRTH (month, day, and year) Lept. 24-185/	Ylast saw h & allve on Jan 12 ,1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 3m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:  Date of one of
kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
TO. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) alongstown	Other Coatributory Causes of importance:
(State or country) Maryland	
13. NAME  14. BIRTHPLACE (city of lown)  14. Distribution	
14. BIRTHPLACE (city of lown). Arkenover	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  Unkernal	23. If death was due to externat causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
S (Stata or country)	Where did injury occur?
17. INFORMANT arthur Mc howell, (Address) & dotan R D, Mad	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I ATT A N. C. Clan, Data 2-1., 19.36	Nature of injury
19. UNDERTAKER JOSEPH RANGE	24. Was disease or injury in any way related to occupation of deceased?
20. FILED/-20-36, 19 Loo W. Queus	(Signed) Of A Monison M. D.
Registrar.	(Address) Charles (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	4-93		
Anna Alexandria Administra Admini	100 mm		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 00414
1. PLACE OF DEATH		<b>8</b>
County leef	N-AMBARTE-FACTORISMS-PS	Registration Dist. No. 92
Village or City Celetar	2 Mabellan	O No. Union Hespetal St., Ward
Length of residence in city or town where de		death occurred in a hospital or institution, give it NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Dt	1001 may	Mint
2. FULL NAME	acoun fil 1-1-14	a marine
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH  (Month) (Oaw (Year)
5a. If married, widowed, or divorced HUSBANO of		
(or) WIFE of		22. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) And	11 april 17-1936	last saw here on long 1974 death is seid
7. AGE Years Months	Days If USS than	to have occurred on the date stated above, at 1250 m.
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None	till box. Data olonset
9. Indostry or business in which		Hydrocephalis
OAT MINEL, DAINI, CO.		
10. Oate deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation	
UMION	i. Hashelal	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	Makellood	-
P	ano + amy le	eton
13. NAME Horace (Le	slave &	Neme of operation. Dete of
(State or country)	The state of the s	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Mattha	resolute Prival	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Make	lage 1	Accident, suicide, or homicida? Oate of Injury, 19
∑ (State or country)		Whera did injury occur?
17. INFORMANT Martha M. (Addrass) Elplon Me	I quiston	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place harps Cumling	Data Jan 18 , 1936	Nature of injury
19. UNDERTAKER 74. W.P. (Addrass) Electron 22	nji	24. Wes disease or injury in any way related to occupation of deceasad?
20. FILED Jan 18, 136 JB	aus Droyer Registrar.	(Signed) Lebert Sales M. C. (Address) Restlon and
If more l		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		041	
Gallstones BUKEAU V. S.	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
Service of the property of the			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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V. S. No. 1

(Addrass)

20. FILED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(0.71.)
County Cecil	Registration Dist. No. 92
Village or City Wear January	No. St. Ward
1/1	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. 77 of foreign hirth? yrs mos ds.
2. FULL NAME Herman Louis Issilles	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE nf	22. JOHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.	to have occurred on the date stated ebova, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
01mia.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and law 1/9s). Spent in this occupation (month and law 1/9s).	Lobor Pnemonia
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et Any 193 11. Total time (years) spent in this yaar) 06. Date deceased last worked et one of this occupation (month and flam 7/93) 11. Total time (years) spent in this yaar) 08. Date deceased last worked et one of this occupation 3.0	
12. BIRTHPLACE (city or town) Immedia (State or country)	Other Contributory Causes of importance;
13. NAME Friderick John Hiller  14. BIRTHPLACE (city or town) Justice	
14. BIRTHPLACE (city or town) July (State or country)	Neme of operetion Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Jackruan	23. If daath was due to axtarnal causes (VIOLENCE) fill In also the following:
	Accident, sulcide, or homicide? Data of injury, 19
17. INFORMANT Lillian Miller (Addrass)	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Complements 10, 1936	Manner of injury
19. UNDERTAKER Februar & abernathy	24. Was disease or injury in any way ralated to occupation of deceased?

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphr	ritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	FEB o local	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributor	12		Other contributory eauses of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Ceal	Registration Dist. No. 92
Village or City Near January	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
53. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  54. If merried, widowod, or divorced HUSBAND of	21. DATE OF DEATH  (Month)  (Day)  (Year)  22.   (I HEREBY CERTIFY, That I attended deceased from
(or) WIFE OF Firedurick John Miller	Jen 7 1936 to Jan 11 1936
6. DATE OF BERTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date slated above, al // 30 Pm.
73 2 26 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sources	Chrome myreadits
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME John Jastiam	
13. NAME John Jastram  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Dete of Was there en autopsy?
15. MAIDEN NAME Jugusta Marie Schull- 16. BIRTHPLACE (city or town).  (Stete or country)  17. INFORMANT Mass Lellier Millier	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, sulctde, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Consulary Date Jan 14, 1936	Manner of injury
19. UNDERTAKER Februare & Alexander (Address)	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  M. B.
20. FILED MIN. 1976 The Registrar.  If more blanks are needed, address State Registrar.	(Aptiess) Lekton 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

# STATE OF MADVI AND CEPTIFICATE OF DEATH

:	1. PLACE O		IL OF	MAK	TLAND-	CERTIFICATE OF DEATH 00	417
	County	Cecil	J. January			Registration Dist. No.	96
	Village or	City <b>Vetera</b>			tion Facil: (II	ity No Perry Point, Md. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward number)
	2 FILL NA	ME MTT	CHETT	Temos	m C	2 578 403 Civil War Veteran	
					31st & St.	. Paul Sts Ward Belto., Md. If nonresident give city or town and	I State
	PERSO	NAL AND S	TATISTICA	L PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Mal e	4. COLOR OR White			RRIED, WIDOWED. D (write the word)	21. DATE OF DEATH  January 6  (Month) (Day)	. 193_ <b>6</b>
5a.	HUSBAND of (or) WIFE of	wed, or divorced	Unknown			22.   HEREBY CERTIFY, That I attended Feb. 2	
6.	DATE OF BIRTH	(month, day, and )	year) Sept	. 9, 1	848	I last saw h_im alive on January 6 .19 36	
	AGE Ye	1	Months 3	Days 28	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 3:50P	
NO	% Trade, profession, or particular kind of work done, as SPINNER. Letter carrier SAWYER, BOOKKEEPER, etc.				rrier	Broncho-pneumonia	1-1-36
OCCUPATION	January or work was SAW MI	business in which as done, as SILK M LL, BANK, etc sed last worked at upation (month and	n MILL, t	11. Total t	ime (years) nt in this upation	Ø1	
12.		ity or town)				other Contributory Causes of importance:  Fracture right femur surgical neck	12-26-
ER	13. NAME	Unk	nown				
FATHER		E (city or town) r country)	Balti	more,	Md.	Name of operation	No
ER	15. MAIDEN NA	AME	Unknown			23. If death was due to externat causes (VIOLENCE) fill In also the following	
MOTHER		E (city or town) r country)	Balti	more,	Md.	Accident, suicide, or homicide? No Date of injury  Where did Injury occur? No injury, fracture rig	, 19
17.	INFORMANT (Address)		ital Rec			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te)
18,		ltimore,	AL	т.	n. 7 ,19 36	Manner of injury Patient fell.  Nature of injury Fracture right femur.	
	UNDERTAKER (Address)	Wm. J. T. Baltime 7 1936	ickner &	Son,	Mourson	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify (Signed) C. F. DAVIS, Clinical Direct	
	()	and the control of the second of the control of the	If more blank	es are needed,	Registrar. address State Registrar,	(Address) Perry Point, 14.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days 190
SUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		2.11	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY PHYSICIAN
A company of the comp		:	• 100
		A	

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00418
1. PLACE OF DEATH	139-01
County Cearl	Registration Dist. No.
Village or City Near Chury Itall	No. St., Ward
	s. ds. How long in U.S. if of foreign birth?yrsmos ds
2. FULL NAME Mary Emana, Molley	f-
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Jehr 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  January  (Month)  (Oay)  (Year)
ia. If married, widowed, or divorced HUSBAND of	22. / HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Thomas I Moffett	Alleenter 20 1935 10 January 19 19 3x
B. DATE OF BIRTH (month, day, and year) Quene 3.3 1868	I last saw h en alive on January 18, 1936; death is sal
AGE Years Month Days If LESS than	to have occurred on the date state belove, et. 5
73- 6 27 1 day, hrs.	the talleng Cause or peath and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Intestinal Obs trusting due Otto of One
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL,	to Ovarian ay of - left. Che 19/
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spant in this year) oesupation	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance: Broachial Aslkma
13. NAME William Weal	
13. NAME William Heal  14. BIRTHPLACE (city or town) Plana (State or country)	Name of operation Dete of What test confirmed diagnosis? Elimical Was there an autopsy?
15. MAIDEN NAME Sophia & Bowland	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or lown) Manyland	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Thomas I Moffitt (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Churry Jack Classer pare Jan 22 1936	Nature of Injury
19. UNDERTAKER Filoringe & Whenshy (Address) Elkhrin Mad	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Jus 71, 136 A Braus Brayes. Registrar.	(Signed) Mu'l Gord H. Dreeher M.
	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis - D	1921	Run over by street car	1 week ago
Cerebral hemorrhage TAP 6 1936	July 5, 1927	Peritonilis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

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PHYSICIAN

BINDING RESERVED may back that efully d important .E DEATH be

plnods OF

CAUSE

LION

1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city on town where death occurred How long in U. S. if of foreign birth? vrs. mos. ds. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, of divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (oc) WIFE OF I last saw h \_\_\_\_ alive on. 6. DATE OF BIRTH (month, day, and year) 7. AGE Davs If LESS than to have occurred on the date stated above, at \_\_\_\_\_\_\_ I day,\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_min. Date of onset 8. Trade profession, or particular TION kind of work done, as SPINNER. home Myocard SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation (State or country FATHER 14. BIRTHPLACE (city or town) (State or country) Telimecal 15. MAIDEN NAME MOTHE 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_\_ Date of injury \_\_\_\_\_\_ 19\_ 16. BIRTHPLACE (city or tow (State or country) Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address If so, specify Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street ear	Date of onset  1 week ago 1 week ago
	- "
Run over by street ear	1 annals and
	1 I week ago
Peritonitis	3 days ago
·	
Other contributory causes of importance:	1 year

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## STATE OF MARYLAND-CERTIFICATE OF DEATH

7)	0	18	63	()
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	1. PLACE OF DEATH	
	County Creek	/ Registration Dist. No. 90
	Village or City Near Ceceltono	No. Oellsede St., Ward
1	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Danuel 84, Price	
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH
	The prelows	(Month) (Day) (Year)
	5a. If married, widowed or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
- 3	(or) WIFE of Crusa & Price	lec 28 1935 to San - 1, 1955
ď	6. DATE OF BIRTH (month, day, and year) Queg. 19/1832	Hast saw h- Lieu elive on Jan 1936: death is said
certificate	7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at
tifi	93 4 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
cer	ormin.	were as follows:
Jo	Nind of work done, as SPINNER ASPAULES SAWYER, BDDKKEEPER, etc.	Cooper & Thereworks 100, 28/4
	Industry or business in which	Cl Februartiel West to Julehat
back	SAW MILL, BANK, etc.	The come of the contract of th
ou		
Suc	year)occupation	Dther Coutributory Causes of Importance:
instructions	12. BIRTHPLACE (city or town) Cacle Ca, Ind.	
tru	(State or country)	
ins	13. NAME GURRIOUN	
See	14. BIRTHPLACE (city or town)	Name of operation
SO	(State or country)	What test confirmed diagnosis? Was there an autopsy?
nt.	TE 15. MAIDEN NAME (MIRNOWN)	23. If death was due to external causes (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town)	Accident, suicíde, or homicide? Date of Injury, 19
odı	S (State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Rathmell A. Price.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
ery	(Address) Cecilton Ind.	
is very	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
	Place 21. 1986	Nature of injury
LION	19. UNDERTAKER John N. Chhage	24. Was disease or injury in any way related to occupation of deceased?
-	(Address) Crailey Ind.	If so, specify
1)	20. FILED DUL 4 136 HER 0 11 21	(Signed) Set John M. D.
rest. f.	Registrar.	(Address) Jakena Man.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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xample I		Example II	
ows:	Date of onset	of importance were as follows:	Date of onset
DE 0 4 1000	1915	Attack of epilepsy	1 week ago
S V Transport	1921	Run over by street car	1 week ago
BUELAU 1. 4	July 5,1927	Peritonitis	3 days ago
of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	th and related causes ows: FFB 4 1936  of importance:	th and related causes Date of onset ows:  FEB 4 1936 1915 1921 July 5,1927  of importance:	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

OF MARYLAND—CERTIFICATE OF DEATH	00421

1. PLACE OF DEATH	(93-6)
County Cecil	Registration Dist. No. 92
Village or City Elatou	No. 320 W weig 25 st. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsm	os. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME /Darah Gune Meg	hardroee
(a) Residence: No. 320 W. Luaiu At	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DEVORCED (write the word)	Laurery 17 193 6
5e. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND OF WORKER OF THE WORKER OF THE WORK OF THE WOR	22. A I VIEREBY CERTIFOY, That I ettended deceased from
our recallulable	Jan 12 , 19.36, to January 17, 19.36
6. DATE OF BIRTH (month, day, and year) UCF 2 - 1855	Vist saw h. L. alive on
7. AGE Years Months Days If LESS than	have occurred on the date stated above, at 1.00 Am.
80 3 15 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrone Thy Carditio
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et this persentation (month and specific properties).	
10. Oate deceased last worked et this occupation (month and year)    11. Total time (years)   12. Total time (years)   13. Total time (years)   14. Total time (years)   15. Total time (years)   15. Total time (years)   16. Total time (years)   17. Total time (years)   17. Total time (years)   18. Total time (years)   18	
12. BIRTHPLACE (city or town) / Ceasing Luce, Hill	Other Contributory Courses of importance:  Crebral / Lemorrhage / 17/36
(State or country)	
14. BIRTHPLACE (city or town) unfamed	
4 14. BIRTHPLACE (city or town) lunfamum (State or country)	Name of operation Date of
(State of County) unfamously	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIDEN NAME Cluice / Cled	23. If death wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Clifford Keelles arous	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Reging dun. Md.	
18. BURIAL, CREMATION, OR REMOVAL . Md.	Manner of Injury
PlaceWest Cyvilinghampate Jan 21., 1931	Nature of Injury
19. UNDERTAKER J. E. Jyson, (Address) Busine due Md.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Jan 18 , 1976 F Francis Bayer Registrar.	(Signed) Surgery lu Muay M. D.  (Address) Riving Lane Lud.
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example I	i i	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PAB 6 1938	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

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	STATE C	OF MARYLAND-	CERTIFICATE OF DEATH 00,42
1. PLACE O	DEATH .		82-a) //0 mg
County	efel		Registration Dist, No.
Village or C	it lerry	Court	No. St. Wa
1			f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasi	danca in city or town whera	death occurred yrs mo	
2. FULL NA	ME Musa	w maria	obbus If U. S. Veteran, specify WAR
(a) Residen	ce: No. 20	islow, ma	St., Ward.
PERSON	AL AND STATIST	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR ON RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
100	self ital	OR DIVORGED (write the word)	12 193 6
ba. If married, widow	ad or divorced	Widowld	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	John C.	Libbins	1 HEREBY CERTIFY, That I attended deceased for
17	10 pm Ci	1000000	1936, to 12, 193
6. DATE OF BIRTH		00.24,1847	/ last saw h_ alive on
6. DATE OF BIRTH 7. AGE Yes	rs Months	Days If LESS than I day,hrs.	to have occurred on the data stated above, atm.
- X	8 /	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca wara as follows:
8. Trade, profes	ssion, or particular work dona, as SPINNER, BOOKKEEPER, atc	House with	Ro F The P
	BOOKKEEPER, atcbusiness in which	10	May a Hammay
Work was	dona, es SILK MILL, L, BANK, etc.	econ Home	- Cole in 100 m.
g   O   10. Date dacaas	ad last worked at	11. Total tima (years)	1 a root george
	X41 1928	spant in this b	Other Contributes Course of Investment
12. BIRTHPLACE (ci (Stata or cour	y or town) Dra	intree	Other Contributory Causes of Importance:
(State or cour	ntry)	mass	
H H 13. NAME	Chijah a	Atrissey.	
14. BIRTHPLACE		- A	Name of oparation
(Stata of	country) New	- Herry while	What test confirmed diagnosis? Classical Was there an autopsy?
15. MAIDEN NA	MELouras	Frescott Marsh	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NA  16. BIRTHPLACE (Stata or		usla	Accidant, suicide, or homicide? Data of injury, 19
E (Stata or	equntry)	mane	Whera did Injury occur? (Specify city or town, county and State)
	regerybo.	Sobbrus M. W.	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	Jerry Ton	it ma	
Place	offor Mas	10 por au 14 1036	Manner of injury
7		a Alla	Nature of injury
19. UNDERTAKER	20/4/4	Steraou	24. Was disease or injury in any way related to occupation of decassad?
(Addrass)/	1 3617	gree , way	If so, spacify The Klosses
20. FILED	7 100 6/KC	Vaude 10/	(Signad)
	, 19	Registrar.	(Address) Harry of France 744)

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cause of death and related causes were as follows:  psy
eet car 1 week ago
3 days ago
outory causes of importance:
b

× /: 2 -	STATE OF MARYLAND—	CERTIFICATE OF DEATH
nfor Stat	1. PLACE OF DEATH	00423
A P D	County	Registration Dist. No. 95
item of should of OCC	Willago or City Resing Aug R. D.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
200 +		ds. How long in U.S. if of foreign birth?yrsmosds.
Every SIANS ement	2. FULL NAME JOAN E. ROBINSO	V
YSIG stat	(a) Residence: No. Outside Rias Sun (Usual place of abode)	St., Ward. Stage Star R. D.  If nyresident give city or town and State
PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
YT B LY. E	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR D(VORCED (write the word))	21. DATE OF DEATH / - 29, 193 6 (Month) (Dat) (Year)
BINDING EXACTLY y classified.	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettanded deceesed from
BINI PERM EXA Iy clas	9 27-25	, 19, to, 19,
BJ PEJ E E IJy	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Je 30 Am.
FOR BI IS A PE stated E properly certificate	4 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FC IS sta pro	8. Trade, profession, or particular	Wase as follows:
ED HIS pe pe pe of of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	oldena e mining
VE Id Id ck	9. Industry or business in which work was done, as SILK MILL.	Ashusin belief A
ERV] VK—T should it may n back	SAW MILL, BANK, atc	Benefic of chath -
SE E E		Inantion
N RES	year) occupation occupation	Other Contributory Causes of Importance:
N DIN So se icti	12. BIRTHPLACE (city or town)	Improper farmula: Insufficient foot
ARGIN NFADI oplied. erms, so instruct		and dieter cursoff.
	13. NAME Standard Color of town) And the Color of town of the Color of the Colo	<u> </u>
TO	14. BIRTHPLACE (city or town)	Neme of operation
Ella.		What test confirmed diagnosis? Was there an autopsy
he carefull be carefull EATH in pl	E Più a Mi	23. If daath was dua to axtarnal causes (VIOLENCE) fill in elso the following:
ca TrH poort	16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19 Whare did Injury occur?
PLAKAY, hould be can OF DEATH	17. INFORMANT Stanley Jeffers (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
[7] ·02	Place Mt 3000 Dete 1/31/ 19.36	Nature of injury
WRITE mation s CAUSE TION is	Roll m Roed	24. Was disaase or injury in any way related to occupation of deceased?
	19. UNDERTAKER  (Address)  R series  (Address)	If so, specify Af
S. No.	21 201 - 0 1	(Signat) Hewley D. Joffers #10.
× 7	20. En Es agra De 19 Montager alone Registrar.	(Address) // Cenere
(Permin	1201 1 3/ If more places, moded, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
on may 1	1/06	

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Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitid nephrits	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	
	May 1,1925	Gastroenteritis	1 year

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7	-		
<b>KTUTKE</b>	シーニーニー	-	
	7		
4			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAbe properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may N. B.-WRITE PLAINLY, WITH

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	- Ro
County Ceel,	Registration Dist. No.
Village or City Pleasant Hill My	NoSt Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	. 2-3. As. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stanley Scarboron	igh.
(a) Residence: No. Aleasast Hill md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH   2 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) November 19-1914	I last saw h alive on , 19.3 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 530Am.
21 / 23   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Disbelis Melliting
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10-Date deceased last worked at this occupation (month and	
34ndustry or business in which work was done, as SILK MILL, Water & Power Co-	
11. Total time (years) this occupation (month and	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Pleasant Hell	Other Caudibutary Causes of Importance.
(State or country) Maryland	
13. NAME Walter B. Schrborough	
13. NAME Walter B. Schrborough 14. BIRTHPLACE (city or town). Pleasant Nill.	Name of operation Date of
(State of Country) Maryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Bertha Moore	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. Berthplace (city or town) Charry Hell	Accident, suicide, or homicide? Date of Injury19
(State or country) & Maryland	Where did injury occur?
17. INFORMANT Mr Walter Dearbordon of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	M
Place Rosebark Cem Calver Date Jan: 15, 1936	Nature of injury
19. UNDERTAKER Joseph Ry Grant	24. Was disease or infury in any way related to occupation of deceased?
(Address) ( Morth Cost, Maryland	If so, specify
20. FILED Jay 15, 1936 & South Registrar.	(Signed) M. D.  (Address) Akton had
Kegistvar.	" (Dadieso)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNOFRTAKER

(Address)

C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

24. Was disease er injury in any

(Address)

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i booket V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-1. PLACE OF DEATH County 7 Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred. \_ds. How long in U.S. If of foreign birth? \_\_\_\_\_\_yrs. \_\_\_\_\_mos. \_\_\_\_\_ds. statement If U.S. Veteran specify WAR..... 2. FULL NAME (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH , 🚓 OR DIVORCED (write the word) Lyv. 21 (Month) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or\_\_\_\_min. 8. Trade, profession, or particular PATION kind of work done, as SPINNER, Ju SAWYER, BOOKKEEPER, etc ... back Industry or business in which work was done, es SILK MILL. may plnous SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation \_\_\_\_ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation .... ain (State or country) What test confirmed diagnosis?\_\_\_\_\_ Wes there an autopsy?\_\_. OTHER 15. MAIDEN NAME ant. 23. If death was due to external causes (VIOLENCE) fill in elso the following: in EATH Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ import 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?\_\_ be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. D plnods 17. INFORMANT \_ >= very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 24. Was diseese or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20\_ FILED. Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

more blank medga, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

Date of onset

V. S. No. 1

BINDING

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7, %.	Ż		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAIM

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Cecil	Registration Dist. No. 9 2
Village or City Elklow WITHIN CORPORATE LIMITS	No. Umon Hospetal St., Ward
	death occurred in a horpital or institution, give is NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
Anna Da Da La	pu /
2. FULL NAME ACC	V
(a) Residence: Wo. Sassalras Kent Co., Ma (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 10, 1881	I last saw him alive on Jan 4 1936 : death is said
7. AGE 54 Years 2 Months 25 Days If LESS than	to have occurred on the date stated above, at 3,30Q cm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tobas presurenca Datas ogset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this	
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12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME I COMPON.	
13. NAME  14. BIRTHPLACE (city or town)  (Stella or country)	Name of operation Date of
(State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME COLOR OF TOWN 15. MA	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 1996	Nature of Injury
19. UNDERTAKER Oal aly Moore.	24. Was disease or injury In any way related to occupation of deceased?
(Address Many lown det.	If so, specify Manuson
20. FILED Jan 5 , 1936 & Frank Frager	(Signed) (Address) Elpton M.D.

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Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAB 6 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MI	of ild
	item shot of O
	ENT RE D. Every item of infor- TLY. PHYSICIANS should state ied. Exact statement of OCCUPA.
	RE PH
16	ENT RE TLY. 1

shou of O	Village or City
y it	Length of residence In
Ver IAN nen	2. FULL NAME
YSICI stater	(a) Residence: No.
PH ret	PERSONAL A
T RE	3. SEX 4. CO.
INDING RMANENT X A C T L classified.	5a. If married, widowed, or d HUSBAND of (or) WIFE of
BIN PERN EX Iy cl	6. DATE OF BIRTH (month,
SA I sated roperl	7. AGE Years
VED F. THIS IS IN the post of ce	8. Trade, profession or kind of work dor CAWYER, BOOKH
RESERVEI NG INK—THI AGE should b that it may b ions on back o	9. tadustry or business work was done, a SAW MILL, BANI 10. Date deceased last this occupation year)
to E	12. BIRTHPLACE (city or 40%)
ARGIN CNFAD upplied. terms, s	13. NAME
y sup ain te See i	14. BIRTHPLACE (city of (State or country
WIT full n pl	至 15. MAIDEN NAME
T, care	16. BIRTHPLACE (city of
PLAINT, WITHER should be carefully su OF DEATH in plain very important. See	17. INFORMANT (Address)
Short OF	18. BURIAL, CREMATION, O
RITE tion s USE ON is	Place Co. Ces
B.—WRITE mation s CAUSE TION is	19. UNDERTAKER A Lice (Address)
A.S. N. A.S.	20. FILED are 14.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-0
County Cece MIND STATE LIMITE OF	Registration Dist. No.
Village or City Cellen	No. Ward Lander St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
1.1.00 . 40 0	(-1)
2. FULL NAME Water Thum	(Inompson)
(a) Residence: No. Cecella (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE _   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
have bluck OR DIVORCED (write the word)	(Nonth) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of no information	22. I HEREBY GERTIFY. That I attended deceased from
1074	19.3 6 to 11, 19.3 6
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19_3_6; death Is said
7. AGE Years Months Qays If LESS than 1 day,hrs.	to have occurred on the date stated above, afm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
6 5 8 7 ormin.	were as follows:
8. Trade, profession or particular kind of work done, as SPINNER, CAWYER, BOOKKEPER, etc.	
9. Industry or business in which	municipal y pro-
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation month and year) spart in this occupation corupation	
163 Value 2	Other Contributory Canses of importance:
12. BIRTHPLACE (city or 6wn) (State or country)	welling temperling 1. 5
13. NAME	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia Cuma wontes	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME when Curry works  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
≤ (State or country)	Where did injury occur?
17. INFORMANT Supportal Becorde	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	Manner of injury
Place Co. Cemeting Date Jon 15, 1936	Nature of injury
N/12 OVE - N C O	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Y W Lakefung Y Dono, One	If so, specify
January Barry	(Signed) & a mulwell M. D.
20. FILED TIME 14, 1936 A Staust Meg Comments	(Address) W Cust vd
	2411 N. Charles Street. Ballimore. Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis EER	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephratism.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPATION

LION

infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 96 County Cecil Registration Dist. No. Village or City Veterans' Administration Facility No. Perry Point, Md. LITTYNO. Perry Point, MC. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs 7 mos. 18 ds. How long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME VENEASKEY, Joseph C-1 365 985 If U. S. Veteran, specify WAR World

(a) Residence: No. 827 W. Washington St., Mt. Pleasant, Pand. (Usual place of abode)

MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Male White Married

5a. If married, widowad, or divorcad HUSBAND of Stella Veneaskev (or) WIFE of

6. DATE OF BIRTH (month. day, and year) Sept. 5, 1899 7. AGE Days If LESS than

1 day, \_\_\_\_hrs. 36 26 or .... min. 8. Trade, profession, or particular

kind of work dona, as SPINNER, Miner SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILLDrove a motor in mine.

SAW MILL, BANK, etc. to Date deceased last worked at 11. Total tima (yaars)

this occupation (menth and 23. spent in this Unknown 12. BIRTHPLACE (city or town) Mt. Pleasant, Pa.

(Stata or country) William Veneaskey FATHER

Germany 14. BIRTHPLACE (city or town) ..... (Stata or country)

15. MAIDEN NAME Marie

(last name unknown) 16. BIRTHPLACE (city or town) Germany

Hospital Records 17. INFORMANT ....

(State or country)

(Address) Perry Point, Md 18. BURIAL CREMATION: OR REMOVAL

19. UNDERTAKER

PRezistrar ...

If so, specify

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

- No-i-niury

24. Was disease or injury in any way related to occupation of deceasad? NO

Manner of Injury --

I HEREBY CERTIFY. That I attended deceased from 13 19 28 to January 31 19 36 tlast saw h im aliva on Jamiary 31 19 36 : death is said to have occurred on the date stated above, at 2:20A m The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 1. Tuberculosis, pulmonary, chronic advanced active. May 1935. 2. Caseous pneumonia, tuberculous, right upper lobe Nov. 1935 Other Contributory Causes of importance: Dementia Praecox, Hebephrenic Type Name of operation None Date of What test confirmed diagnosis? X-ray physical there an autopsy? No and laboratory

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? NO Date of Injury 19 Where did injury occur?\_\_\_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death.

As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	F.FAB 4 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BIDPAN V. S.	July 5,1927	Peritonitis	3 days ago
***	The second secon		WALL CONTRACTOR OF THE CONTRAC	
Other contributers are a			Other contributors of investment	
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00430
1. PLACE OF DEATH	<u> </u>
County County County Course Children	Registration Dist. No. 92
Village or City alklon Makeslaced	Nolman Saspetal St, Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME Stillow Warres	aton
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE Black S. SINGLE MARRIED, WIDOWED, OR DEFORCED (quite the word)	21. DATE OF DEATH  ANUALLY  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Anuaky 8-1936	Hast saw h An after on Con F 1936 : death is said
6. DATE OF BIRTH (month, day, and year) Rule 40 19 0 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	to have occurred on the data stated above, at //e
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular hind of work done as SPINNER	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Julyon
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
S. Hada, profession, of particular profession, of particular profession, of particular profession, of particular profession which work was dona, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Union Hampetal (State or country) Depton Marchen &	Other Contributory Causes of importance:
1	
E SMALL C	Name of operation
[State or country]	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Morella Mont Rose Warrengt	2) 33. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Novella Mont Rose Williams 16. BIRTHPLACE (city or town) Makeyland (Stata or country)	Accident, suicide, or homicida? Date of injury, 19  Where did Injury occur?
17. INFORMANT. Morella Warrington (Address) north East with RIDH &	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Mance Ist Marke Jan 9: 1936	Manner of Injury
19. UNDERTAKER Parents	24. Was disease or injury In any way related to occupation of decaased?
(Address)	If so, specify The Comment of the Co
20. FILED Jane 9 1936 & Hank My W. Registrar.	(Signed) M. D.
76 many blanks we would add in State Design	A Charles Street Relaimone Properties 71 S No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURPAN V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	nfor-	state	JPA-
	of i	plu	1000
	item	sho	of (
	D. Every	SICIANS	atement
	RECOR	Y. PHY	Exact st
ANGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
ron D	IS A PE	stated E	properly
2	HIS	pe	pe
SELLV	NK-T	should	it may
N PE	ING I	AGE	so that
SPACE	UNFAD	upplied.	terms, s
	WITH	efully s	in plain
	AIMLY,	d be car	DEATH
	PL	houl	OF
•	-WRITE	mation s	CAUSE

N. B.—WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00431
1. PLACE OF DEATH	
County Eecil	Registration Dist. No. 92
Village or City Elkton	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella Tevro Witu	orth
(a) Residence: No. Church	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH
Tend white married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of C William Wilworth	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 16 1860	I last saw h alive on Dec 3 ( 195 death is said
6. DATE OF BIRTH (month, day, and year) WRC /6 /860 7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated ebove, et
7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence
5. Trade profession or particular	were as follows: Oateploneet
8. Trade, profession, or particular kind of work done, es SPINNER, at House SAWYER, BOOKKEEPER, etc.	20km
9 Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oete deceased last worked et this occupetion (month end spent in this	
year) occupation occupation	Other Saptributory Causes of importance:
12. BIRTHPLACE (city or town)	Chronic myreasti
(State or country) may law	
13. NAME arus & Pilerson	
14. BIRTHPLACE (city or town) Election 18 D	Name of operation Dete of
(Stete or country) may land	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Matilda Gilinour	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Elkton R &	Accident, sulcide, or homicide? Oate of Injury, 19
(State or country) may land	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Was Helen Waterorthe (Address) Election 2nd	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Elitton Centley Oate Tan 4, 1936	Nature of injury
19, UNDERTAKER 74-W-Pigain	24. Wes diseese or injury In eny way releted to occupation of deceased?
(Addjess) Elkton 2nd	If so, specify
20. FILEDONE 4 1936 & Fransi frances	(Signed) Herbert Bole M. D.
Registrar.	(Address) Tellon my.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DANO 6 1996	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year